

PURPOSE

Consistent with its mission to work together to provide excellence in healthcare, Olympic Medical Center is committed to providing financial assistance to uninsured and underinsured individuals who are in need of emergency or medically necessary treatment and have a household income below 300% of the Federal Poverty Level Guidelines (FPL).

In accordance with the Patient Protection and Affordable Care Act (PPACA) and section 501(r) of the Internal Revenue Service code, all financial assistance eligible patients will not be charged more for emergency or medically necessary care than the amount generally billed (AGB) to insured patients.

The purpose of this policy is to outline the circumstances under which financial assistance (also referred to as charity care) may be provided to qualifying low income patients for medically necessary healthcare services provided by Olympic Medical Center.

POLICY

In recognition of the need of individuals with limited financial resources to obtain certain critical healthcare services, Olympic Medical Center is committed to the provision of medically necessary healthcare services to community members and those in emergent medical need.

Financial assistance is provided only when care is deemed medically necessary and after patients have been found to meet all financial criteria. Olympic Medical Center offers both free care and discounted care, depending on individuals' family size and income.

Consideration for financial assistance will be given equally to all qualifying individuals, regardless of race, color, sex, religion, age, national origin, veteran's status, marital status, sexual orientation, immigration status or other legally protected status.

Patients seeking assistance may first be asked to apply for other external programs (such as Medicaid) as appropriate *before* eligibility under this policy is determined.

Individuals known to be eligible for financial assistance based on documented income and family size information included in this policy shall not be charged more than the amounts generally billed (AGB) to individuals who have insurance. This value shall be calculated using the "look-back" method based on actual paid claims from Medicare fee-for-service and private health insurers. The current AGB can be obtained by contacting the Patient Financial Services Department and is updated annually.

To maintain compliance with WAC 256-453-020, charity care must be the payer of last resort. It is Olympic Medical Center's responsibility, through coordination and collaboration with the applicant, to make every reasonable effort to determine the existence or nonexistence of third-party sponsorship that would be applicable for the services provided.

COMMUNICATIONS TO THE PUBLIC

Information about Olympic Medical Center's financial assistance and charity care policy shall be made publicly available as follows:

- A. A notice advising patients that Olympic medical Center provides financial assistance and charity care shall be posted in key public areas of the hospital, including Admissions, the Emergency Department and Financial Services.
- B. Olympic Medical Center will distribute a written notice about the availability of financial assistance and charity care to all patients. This is done at the time that Olympic Medical Center requests information pertaining to third party coverage. The written notice also shall be verbally explained at this time. If for some reason, for example in an emergency situation, the patient is not notified of the existence of financial assistance and charity care before receiving treatment, he/she shall be notified in writing as soon as possible thereafter.
- C. Both the written notice and the verbal explanation shall be available in any language spoken by more than ten percent of the population in the Olympic Medical Center's service area, and interpreted for other non-English speaking or limited-English speaking patients and for other patients who cannot understand the writing and/or explanation.
- D. Olympic Medical Center shall train front-line staff to answer financial assistance and charity care questions effectively or direct such inquiries to the appropriate department in a timely manner.
- E. Written notice about Olympic Medical Center's financial assistance and charity care policy shall be made available to any person who requests the information, either by mail, by telephone or in person. Olympic Medical Center's sliding fee schedule, if applicable, shall also be made available upon request.
- F. Olympic Medical Center will make available on its web site, current versions of this policy, a plain language summary of this policy, and Olympic Medical Center's Charity Care application form.
- G. Olympic Medical Center billing statements and other written communications concerning billing or collection of a hospital bill by Olympic Medical Center will include the following statement on the first page of the statement in both English and the second most spoken language in Olympic Medical Center's Service Area:
"You may qualify for free care or a discount on your hospital bill, whether or not you have insurance. Please contact our financial assistance office at www.olympicmedical.org and (360)417-7111."
- H. The written notices, the verbal explanations, the policy summary and the application form will be available in any language spoken by more than ten percent of the population in Olympic Medical Center's service area, and interpreted for other non-English speaking or limited-English speaking patients and for other patients who cannot understand the writing and/or explanation. The following non-English translation(s) of these are currently made available:

- a. Spanish

DEFINITIONS

The following terms are meant to be interpreted as follows within the policy:

1. Financial Assistance/Charity Care: Charity Care and/or Financial Assistance means medically necessary hospital health care rendered to indigent persons when Third-Party Coverage, if any, has been exhausted, to the extent that the persons are unable to pay for the care or to pay deductible or coinsurance amounts required by a third-party payer based on the criteria in this policy.
2. Indigent Persons: those patients who have exhausted any third-party sources, including Medicare and Medicaid, and whose income is equal to or below 300% of the federal poverty standards, adjusted for family size or is otherwise not sufficient to enable them to pay for the care or to pay deductibles or coinsurance amounts required by a third-party payor.
3. Medically Necessary: Hospital services or care rendered to a patient, both inpatient and outpatient, in order to diagnose, alleviate, correct, cure, or prevent the onset or worsening of conditions that endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten to cause or aggravate a handicap, or result in overall illness or infirmity per WAC 246453-010(7).
4. Emergency care or emergency services: services provided for care related to an emergency medical or mental condition, pursuant to WAC 246-453-010(11).
5. Emergency Medical Condition: per WAC 246-453-020(13), a medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, such that the absence of immediate medical attention could reasonably be expected to result in:
 - a. Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy;
 - b. Serious impairment of bodily functions;
 - c. Serious dysfunction of any bodily organ or part.
 - d. With respect to a pregnant woman who is having contractions the term shall mean:
 1. That there is inadequate time to effect a safe transfer to another hospital before delivery; or
 2. That transfer may pose a threat to the health or safety of the woman or the unborn child.
6. Family: per WAC 246-453-010 (18) as a group of two or more persons related by birth, marriage or adoption that live together; all such related persons are considered as members of one family.

7. Uninsured: Patients with no insurance or third-party assistance to help resolve their financial liability to healthcare providers.
8. Underinsured: Patients who have limited healthcare coverage, or coverage that leaves the patient with an out of pocket liability, which exceeds their financial ability.
9. Catastrophic Care Assistance: Financial assistance given to patients whose medical expenses exceed one-fourth of their total annual household income.
10. Application Period: Begins on the date healthcare services are provided and ends on the date that an account has been legally suited/garnished per legal judgement.
11. Income: Total cash receipts before taxes derived from wages and salaries, welfare payments, Social Security payments, strike benefits, unemployment or disability benefits, child support, alimony, and net earnings from business and investment activities paid to the individual. WAC 246-453-010(17)
12. Third-Party Coverage: an obligation on the part of an insurance company, health care services contractor, health maintenance organization, group health plan, government program (Medicare, Medicaid or medical assistance programs, workers compensation, veteran benefits), tribal health benefits, or health care sharing ministry as defined in 26 U.S.C. Sec. 5000A to pay for the care of covered patients and services, and may include settlements, judgments, or awards actually received related to the negligent acts of others (for example, auto accidents or personal injuries) which have resulted in the medical condition for which the patient has received hospital health care services.

ELIGIBILITY REQUIREMENTS

To be eligible for Financial Assistance, a person may be deemed to have undue financial hardships, considering income and family size as determined by the hospital that make them unable to pay for all or a portion of their medical care. Financial Assistance shall be applied to those charges that are not covered by public or private sponsorship in accordance with WAC 246-453-020(4). Such consideration will include a review of gross income and family size per WAC 246-453-030. For the purpose of reaching an initial determination of sponsorship status, hospitals shall rely upon information provided orally by the responsible party. The hospital may require the responsible party to sign a statement attesting to the accuracy of the information provided to the hospital for purposes of the initial determination of sponsorship status.

The following documents shall be considered sufficient evidence upon which to base the final determination of charity care sponsorship status, when the income information is analyzed as may be appropriate:

- Pay stubs with the year to date totals
- Income tax return from the most recently filed calendar year or verification of non-filing
- Forms approving or denying eligibility for Medicaid and or state funded medical assistance
- Forms approving or denying unemployment compensation
- Written statements from employers or welfare agencies

- Last three months of checking and saving bank statements
- Letter of support from the individuals providing for basic needs

During the initial request period, the patient and Olympic Medical Center may pursue other sources of funding, including Medical Assistance and Medicare. The responsible party will be required to provide written verification of ineligibility for all other sources of funding. Olympic Medical Center may not require that a patient applying for a determination of indigent status seek bank or other loan source funding. Olympic Medical Center patients who are deemed financial assistance eligible will not be charged more than amounts generally billed to insured patients for emergency or medically necessary care.

Pursuant to WAC 246-453-030 (5), Information requests, from the hospital to the responsible party, for the verification of income and family size shall be limited to that which is reasonably necessary and readily available to substantiate the responsible party's qualification for charity sponsorship, and may not be used to discourage applications for such sponsorship. Only those facts relevant to eligibility may be verified, and duplicate forms of verification shall not be demanded.

CRITERIA FOR EVALUATION

Timing of Income Determinations. Annual Family Income of the Applicant will be determined as of the time the Appropriate Hospital-Based Medical Services were provided, or at the time of application for Charity Care or Financial Assistance if the application is made within two years of the time the Appropriate Hospital-Based Medical Services were provided, the Applicant has been making good faith efforts towards payment for the services, and the Applicant demonstrates eligibility for Charity Care and/or Financial Assistance.

On a case-by-case basis, any unusual circumstances or special hardships, including catastrophic hospitalization costs, will be considered and constitute justification for extending Financial Assistance to patients who do not meet all of the additional criteria. Administration has the discretion to bypass the charity care application process for those patients who cannot complete the application process or provide documentation supporting their application for charity care, in compliance with WAC 246-453-030(4).

Patients will be provided with applications for Financial Assistance upon request or review. Any and all other benefits will be assessed to determine eligibility for Financial Assistance. Those who meet the criteria mentioned above will be considered for full or partial Financial Assistance eligibility. Patients with documented income under 100% of Federal Poverty Level (FPL) will receive a full discount. A sliding payment schedule, based on the Federal Poverty Guidelines (between 100% and 300% of FPL), is used as a guide to determine the amount for which a family is responsible, with added consideration for those who request it on a basis of significant financial hardship. The sliding fee schedule applies only to those charges that are not covered by any public or private sponsorship in accordance with WAC 246-453-050(1)(a).

The patient will receive written notice that will include the level of discount allowed. Approval will be valid for 90 days and a new application will be required after such time. If the outstanding balance is not paid, the hospital reserves the right to assign unpaid balances to an outside collection agency in accordance with 501(r) guidelines.

Any responsible party who has been initially determined to meet the criteria identified within WAC 246-453-040 shall be provided with at least fourteen calendar days or such time as the person's medical condition may require, or such time as may reasonably be necessary to secure and to present documentation as described within WAC 246-453-030 prior to receiving a final determination of sponsorship status.

Olympic Medical Center shall make a determination within fourteen (14) days after receipt of the application. If the Financial Assistance application is denied, the written notice will include a reason for denial, payment terms and instructions for the appeal process. The patient may appeal the decision by providing additional proof of income or family size within 30 days. If Olympic Medical Center has initiated collection activities and discovers an appeal has been filed, they shall cease collection efforts until the appeal is finalized. The patient will receive a written notice of the final decision. In making a determination, the applicant may be required to provide the hospital with additional documentation of items on the application. Failure to provide such documentation may result in denial of the application. In the event that Olympic Medical Center's final decision of appeal affirms the previous denial of charity care designation under the criteria described in WAC 246-453-040, the responsible party and the Department of Health shall be notified in writing of the decision and the basis for the decision, and the Department of Health shall be provided with copies of documentation upon which the decision was based.

Per WAC 246-453-020(11) In the event that a responsible party pays a portion or all of the charges related to appropriate medical services, and is subsequently found to have met the charity care criteria at the time that services were provided, any payments in excess of the amount determined to be appropriate in accordance with WAC 246-453-040 shall be refunded to the patient within thirty (30) days of achieving the charity care designation.

STAFF TRAINING REQUIREMENTS

Olympic Medical Center has established a standardized training program on its Financial Assistance and Charity Care policy and the use of interpreter services to assist persons with limited English proficiency and non-English-speaking persons in understanding information about its Financial Assistance and Charity Care policy. Olympic Medical Center will provide regular training to front-line staff who work in registration, admissions and billing, and any other appropriate staff, to answer Financial Assistance and Charity Care questions effectively, obtain any necessary interpreter services, and direct inquiries to the appropriate department in a timely manner.

PLAIN LANGUAGE SUMMARY

In accordance of the 501 (r) charity requirements, a "Plain Language Summary" of the Olympic Medical Center Financial Assistance Policy will accompany all billing statements and be presented to patients during all financial discussions.

Olympic Medical Center will not pursue extraordinary collections actions against an individual without first using reasonable efforts to determine if such individual is eligible for financial assistance.

COLLECTION EFFORTS FOR OUTSTANDING PATIENT ACCOUNTS

Pending final eligibility determination, Olympic Medical Center will not initiate collection efforts or requests for deposits, provided that the responsible party within a reasonable time is cooperative with Olympic Medical Center's efforts to reach a determination of Financial Assistance eligibility status.

Extraordinary Collection Activities (ECA) may only be initiated 120 days after the date of first billing statement. However, an account will be considered for Financial Assistance up until a judgement has been reached by the collection agency. Accounts that have been reached judgement or have had garnishments applied will not be considered eligible for Financial Assistance.

ATTACHMENT A - CHARITY CARE PERCENTAGE SLIDING FEE SCHEDULE

The full amount of charges will be reviewed to be charity care for any guarantor whose gross family income is at or below 100% of the current federal poverty guidelines, consistent with WAC 246-453, provided that such persons are not eligible for other private or public health coverage sponsorship RCW 70.170.060(5). In determining the applicability of the Olympic Medical Center sliding fee schedule gross income and family size are taken into account for guarantors with income between 101% and 300% of the federal poverty guidelines.

The Financial Counseling Department will process each application for approval or denial, and the application along with a Determination of Eligibility form will be forwarded to the Supervisor of Patient Financial Services for final approval based on the following guidelines:

\$0 - \$2,500 Financial Services Representatives

\$2,500 - \$10,000 Financial Services Supervisor

\$10,000 - \$50,000 Director of Revenue Cycle Management

Over - \$50,000 Chief Financial Officer